Effective October 1, 2001												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI		OR		-
TOTAL CHARGEABLE CLAIMS			37 minus 20=		•			· X\$ 9=		1		
INDEPENDENT CLAIMS			/ minus 3 =		• .			X42=		OR	-	
MULTIPLE DEPENDENT CLAIM PRESENT									 -	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=	ļ	OR	+280=	
CLAIMS AS AMENDED - PART II								TOTAL	L	OR	TOTAL	
(Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	-Total	. 37	Minus	**	27		Ì	X\$ 9-		OR	X\$18=	
	Independent	• /	Minus			· —	I	X42=		OR	X84=	
-	FIRST PRESE	NTATION OF M		1	+140=				7			
TOTA										OR	+280⇒	
ADDIT, FEEUH ADDIT, FEEUH ADDIT, FEEUH												
AMENDMENT 8		CLAIMS REMAINING AFTER AMENIOMENT		HIGH NUM PREVIC PAID	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	· .	PATE	ADDI- TIONAL FEE
	Total	. 37	Minus	- 3	7			X\$ 9=		OR	X\$18=	-
	Independent	Ident + 2 Minus + 3 PRESENTATION OF MULTIPLE DEPENDENT OF					X42=		QR	X84=	-,	
	FINST PRESE	MINION OF M	:	PENDENT	CLAM		' [+140=		OR	+280=	
								TOTAL DOT FEE	·	OR	TOTAL ADDIT, FEE	·
		(Column 1)		(Cotur		(Column 3)						• • •
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM NUM PREVIO PAID	BER	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	989		•	F	X42= '		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								·			
• If the entry in column 1 is less than the entry in column 2, write '0' in column 3.										OR	+280= - TOTAL	
"If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR												
	im Tughest Nut	EDEF PTOVIOUSTY Pal	u ror (Total c	r independe	**************************************	rignest number	r toun	a pu gue abb	ropriate ba	in cot	ime 1.	

FORM PTO-878 (Rev. 8/01)